** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α.	ror th	e 2019 calendar year, or tax year beginning and	l ending		
В	Check (f applicat	C Name of organization	400000 144 Nr	D Employer identific	cation number
	Addr Chan	HUMANE ANIMAL RESCUE			
	Name chan	A CONTROL OF THE CONT		25-03257	50
L	initial returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
L	Final	6926 HAMILTON AVENUE		412-345-	7300
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	A 2 mg -	G Gross receipts \$	9,238,704.
<u>_</u>	Amer	PIIISBURGH, PA 15208		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: DAN ROSSI		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates In	
200		tempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. (see instructions)
1	Vebs	te: WWW.HUMANEANIMALRESCUE.ORG		H(c) Group exemption	•
K.J Pa	orm o art I	f organization: X Corporation Trust Association Other ► Summary	L Year		State of legal domicile: PA
***************************************	1	Briefly describe the organization's mission or most significant activities: SHEL	TER AN	D FIND HOMES	ਸ਼∩ਸ਼
Governance		ABANDONED ANIMALS. TREAT AND RELEASE INJU			
ja Ja	2	Check this box if the organization discontinued its operations or dispose			
Ş	3	Street and the street		3	31
ő	4	Number of independent voting members of the governing body (Part VI, line 1b)	*****************		31
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	***************************************	5	189
itie	6	Total number of volunteers (estimate if necessary)			984
냚	7 a	Total unvolated hydrogo vovenue from Dark VIII and was 400 Una 40			0.
	Ь	Net unrelated business taxable income from Form 990-T, line 39	************	7b	Õ.
				Prior Year	Current Year
o)	8	Contributions and grants (Part VIII, line 1h)		4,505,263.	4,692,160.
Ĭ	9	Program service revenue (Part VIII, line 2g)		2,289,032.	2,396,183.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		763,368.	193,139.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	595,717.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		572,341. 8,130,004.	7,877,199.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,759,807.	5,251,440.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		537,768.	389,439.
ě	b	Total fundraising expenses (Part IX, column (D), line 25) 965, 39	96.	Hilder west, e. et	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,016,491.	2,930,593.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,314,066.	8,571,472.
	19	Revenue less expenses. Subtract line 18 from line 12		-184,062.	-694,273.
Net Assets or			Bed	inning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		22,535,783.	23,146,225.
t B	21	Total liabilities (Part X, line 26)		1,675,888.	1,257,060.
2	22	Net assets or fund balances. Subtract line 21 from line 20		20,859,895.	21,889,165.
g	ırt II	······································	· · · · · · · · · · · · · · · · · · ·		
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer l	nas any knowledge.	
Sign	1	Signature of officer		Date	
Her	е	DAN ROSSI, EXECUTIVE DIRECTOR	era meneral amerikan salah sebagai		
		Type or print name and title		and the second s	
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid -		EUGENE J. LOGAN EUGENE J. LOGAN		self-employe	
Prep		Firm's name SCHNEIDER DOWNS & CO., INC.	**************************************	Firm's EIN 🛌 🗸	25-1408703
Use	Only	Firm's address ONE PPG PLACE, SUITE 1700		· _	
		PITTSBURGH, PA 15222	**************************************	Phone no. 412	2-261-3644
Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)		•	X Yes No

932002 01-20-20

(Expenses \$

including grants of

,213,816.

) (Revenue \$

Form 990 (2019)

Total program service expenses

Other program services (Describe on Schedule O.)

Form 990 (2019) HUMANE ANIMAL RESCUE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_5_		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	۰		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		-43
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<u> </u>
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	×		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		2 2 2 2	
	as applicable.			14 1 1 14 1 1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	of defendable		
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	3-1-1-1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	and order		
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c	. magazary	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	· construction		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	_12a_		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u> 14a</u>	Series de la constante de la c	X
b		The second secon		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
44	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		X_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,	17	х	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18		18	х	
ፈቦ	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes,"	12		
19		19		х
20-	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			S
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х
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Form 990 (2019) HUMANE ANIMAL RESC Part IV Checklist of Required Schedules (continued)

		Market Market 1	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l l	
04-	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
b	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1447		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			.
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			Manager 1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	ا ــ ا		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		'	
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	eli saymen yladologo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_32_		
-	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		A Very Cont. A de	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		7.00	
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a recent to any line in this Bank V	38	A	<u> </u>
-	Check if Schedule O contains a response or note to any line in this Part V			
2			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	41		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1.00
	(gambling) winnings to prize winners?	10	X	
932004	01-20-20	Form	990 ((2019)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Mar	х							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X							
	If "Yes," enter the name of the foreign country	an aid									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		200	 							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.									
	were not tax deductible?	6b		_							
	Organizations that may receive deductible contributions under section 170(c).		X								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_	X	!							
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	.7b_	Α	_							
	to file Form 8282?	7		х							
	****** *** ** * * * * * * * * * * * *	<u>7</u> ç		<u> </u>							
	Did the evening time very fixed adjusting or indicate, as indicate, to make a property or a property or indicate.	7e	-m12	Х							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7q	N/	Contract of the last of							
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/								
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year? N/A	8									
	Sponsoring organizations maintaining donor advised funds.										
	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a									
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		be							
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders N/A 11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		115								
	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		ļ							
	Note: See the instructions for additional information the organization must report on Schedule O.										
	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
	Enter the amount of reserves on hand			v							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			Х							
	excess parachute payment(s) during the year?	15		<u> </u>							
	If "Yes," see instructions and file Form 4720, Schedule N.	46		Х							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16									
	If "Yes," complete Form 4720, Schedule O.		1	4							

Page 6

Form 990 (2019) HUMANE ANTMAL RESCUE 25-0325750 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		Action,	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		733	
b	Enter the number of voting members included on line 1a, above, who are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	_2_		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	_7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about nolicies not required by the Internal Revenue Code)		,	y
		سبسبسي	بببسب	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	encount from		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		in consume
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	_12a_	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ.	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		₹.	
	in Schedule O how this was done	120		
13	Did the organization have a written whistleblower policy?	_13_		
14	Did the organization have a written document retention and destruction policy?	_14_	X	in the second
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		х	
a	The organization's CEO, Executive Director, or top management official	15a		Х
D	Other officers or key employees of the organization	15b		<u> </u>
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
103	3 13 19 Let 31 2 30	16a	l	Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Liva		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	-	W	En restrate son
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			And the second second
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	, /		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MEGAN MARRANGONI - 412-345-7302			
	6926 HAMILTON AVENUE, PITTSBURGH, PA 15208			
		_		

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above.

Check this box if neither the organization	2	orga	ıniza			npe	nsat			y
(A)	(B)	C-15-W-16-C-16-W-16-C-16-W-16-C-16-W-16-C-16-W-16-C-16-W-16-C-16-W-16-C-16-W-16-C-16-W-16-C-16-W-16-C-16-W-16-C		Pos	C)	_		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week	box	r, unle icer ar	ss pe id a d	rson lirect	is bot or/tru:	h an stee)	compensation	compensation	amount of
	(list any	ē		£	I	301	goods.	from the	from related organizations	other
	hours for	diec		at November	and the same	p.		organization	(W-2/1099-MISC)	compensation from the
	related	tee or	ıstee	ly-extrain	Si Caracita	nsate	deserte	(W-2/1099-MISC)	(** 2. 7000 11.100)	organization
	organizations	l trus	nal tri	yan de part	oye oye	E .				and related
	below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations
(1) DAN ROSSI	line) 50.00	트	Ins	Off.	ş	星島	Ě			
EXECUTIVE DIRECTOR	0.50	Constitution of the Consti		х		edwaldsone i	ad organisati	166,476.	0.	26 061
(2) DONNNA HUGHES, VETERINARIAN	40.00			42			-	100,470.	V •	36,861
FORMER MEDICAL DIRECTOR	0.00						х	104,316.	0.	9,893.
(3) ARIELLA SAMSON, CHIEF	50.00						Ħ	201/310		,,,,,,,
VETERINARY OFFICER (ENTERED 4/19)	0.00			х			Non-Australia Management of the Control of the Cont	84,407.	0.	22,002
(4) MEGAN MARRANGONI	40.00				~~~			**************************************		
CHIEF FINANCIAL OFFICER	0.00			X		200		73,841.	0.	20,604.
(5) KBLLI WALL, CHIEF	50.00									
PHILANTHROPY OFFICER (ENTERED 9/19)	0.00			Х			<u> </u>	26,690.	0.	7,948.
(6) MEAGAN MONTMENY, CHIEF	50.00				- Paragraphia	del colten	-20-			3444
PROGRAM OFFICER (ENTERED 12/19) (7) DAVID GRUBMAN	0.00			X	-	ļ		8,269.	0.	0.
(/) DAVID GRUBMAN PRESIDENT	4.00	ς,		. ,						
(8) JULIE COLETTI, ESQ.	0.00 3.00	X		х		-	ļ	0.	0.	0.
VICE PRESIDENT	0.00	v		x		obedilleres		0.	0.	
(9) MARTIN CONNELLY	3.00	Ĥ	H	-			-	U •	V.	0.
FIRST VICE PRESIDENT	0.00	х		х				0.	0.	0.
(10) JOSEPH VATER	3.00								0.	<u> </u>
PAST PRESIDENT	0.00	х		х		A. Nielberre	****	0.	0.	0.
(11) GERALD DELON	2.00			4.000		Contract				
TREASURER	0.00	х		Х		en dispera		0.	0.	0.
(12) SUSAN WARNER GITOMER	3.00							5-15-17,		
SECRETARY	0.00	X		X			L	0.	0.	0.
(13) ANTHONY PARDO	4.00									
ASSISTANT SECRETARY	0.00	X		X	(224-section	Special section is a second section of the second section is a second section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the section in		0.	0.	0.
(14) PAUL BLOCK	3.00			- Andrewskip		Newson a			The state of the s	
DIRECTOR	0.00	X					_	0.	0.	0.
(15) JOSEPH BURGUNDER DIRECTOR	2.00	.		e de la constante de la consta		Wang Spire			~	_
(16) MELANIE CROCKARD	0.00 2.00	X.	ericings (c)		(n. g. yazını il.			0.	0.	0.
DIRECTOR	0.00	v		eeeesta		2007/100		0.	_	^
(17) DAVID L. DENINNO	2.00	₹					_	V.	0.	0.
DIRECTOR	Belgagage and a profession of the contraction of th	х	***************************************	THE SHARE		() () () () () () () () () ()		0.	0.	0.
332007 01-20-20		44		į.	لــــا			V • I		Form 990 (2019

932007 01-20-20

(F)

Estimated

amount of

other

compensation

from the

organization

and related

organizations

0.

0.

0.

0.

0.

0.

0.

0.

0.

No

308.

97,308.

Yes

X

97

the organization. Report compensation for the calendar year ending with or within	i the organization's tax year.	
(A) Name and business address	(B)	(C)
Name and business address	Description of services	Compensation
	DIRECT MAIL	
ATLANTA, GA 30326	SOLICITATION	389,439.
BOEHRINGER INGELHEIM ANIMAL HEALTH USA INC.		405 406
PO BOX 281348, ATLANTA, GA 30384-1348	MEDICAL SUPPLIER	<u> 135,196.</u>
IDEXX LABORATORIES, INC.		440 554
PO BOX 101327, ATLANTA, GA 30392-1327	MEDICAL SUPPLIER	119,574.
PATTERSON VETERINARY		
28905 NETWORK PLACE, CHICAGO, IL 60673-1289	MEDICAL SUPPLIER	108,741.
LEVY, 1000 FORT DUQUESNE BLVD, PITTSBURGH,		100 100
PA 15222	CATERING	108,189.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization		
SEE PART VII, SECTION A CONTINUATION SHE	EETS	Form 990 (2019)

r Geoggi A. Unicers, Directors, II	Tietooe Voy E-	mel-				Ji-1-		Component d Face !	/ // "	
Part VII Section A. Officers, Directors, Tr (A)	ustees, Kev Er (B)	IIDIC	vee	ا <u>ات دد</u> //	na r C)	ugn	est	compensated Employ	ees (continued) (E)	/F1
Name and title	Average hours	Nis Sout Nivarill		Pos	ition	1		Reportable compensation	Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	теления в применения в примене	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatic from the organizatior and related organization
27) JOHN OLIVERIO, SPHR IRECTOR	2.00	4.7		Compression of					0	
28) DAN POTETZ	0.00 2.00	A			_	-		0.	0.	(
IRECTOR (ENTERED 7/19)		x					r Solveston I	0.	0.	(
29) barbara Ross Irector	2.00 0.00	y			for the state of t		100000000000000000000000000000000000000	0.	0.	
30) ILENE ROSS	2.00							· ·	<u> </u>	
IRECTOR		X						0.	0.	(
31) CLAY SAFTNER IRECTOR	2.00 0.00	7			and the second		- Production of the			
32) BARBARA SHAPIRA	2.00	X	-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.	0.	
IRECTOR (ENTERED 9/19)	0.00	X			(feeeeee)		STATISTICAL STATIS	0.	0.	l
33) MORTON STANFIELD	2.00						The second second			
DIRECTOR (ENTERED 7/19) 34) DENNIS TERZICH	0.00 2.00	X					and the state of t	0.	0.	
IRECTOR		X				Serve lever Cortical	e de la section	0.	0.	(
35) BECKY TORBIN	2.00	organisation of the second							_	
DIRECTOR 36) SALLY WIGGIN	0.00 2.00	X	Vanet majo	and the second	entra transit			0.	0.	
DIRECTOR	0.00	Х						0.	0.	(
37) PATTI YAKSHE	2.00	San								
IRECTOR (ENTERED 3/19)	0.00	X						<u> </u>	0.	(
THE				(200 san)	(
								the district section, seeks and the section of the		
	STATE STREET, STATE OF THE STAT	(vers	A-127-0-10	(PAUJINA)	Milwana	No. Sec. of Se		NAMES ASSOCIATION OF THE OWNER OWNE		(
								and the Military of the stage o		earth all the body for hilly ordered by New House
						Ш				
		TABLE	ADD TO						and the second of the second o	State and a great to the place and agreed blood
										and the second of the second o
	. 14	2						<u> </u>	1	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Related or exempt Unrelated Revenuè excluded Total revenue function revenue from tax under business revenue sections 512 - 514 80,773. 1 a Federated campaigns la Grants b Membership dues 1b 82,885. 74,154. Fundraising events 1c d Related organizations 1<u>d</u> e Government grants (contributions) 25,000. 1e f All other contributions, gifts, grants, and similar amounts not included above ... <u>429,348</u> 43,902 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 692,160 **Business Code** 2 a CLINIC INCOME 900099 196,771. 196,771 Program Service HOLDING AND ADOPTION 812900 033,307. 033,307. c BEHAVIOR AND TRAINING 900099 166,105 166,105 f All other program service revenue g Total. Add lines 2a-2f 2,396,183 Investment income (including dividends, interest, and other similar amounts) 199,108 199,108. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other 7a 915, 229. assets other than inventory b Less: cost or other basis _{7ь}1921 198 Other Revenue and sales expenses c Gain or (loss) d Net gain or (loss) -5,969 -5,969. 8 a Gross income from fundraising events (not including \$ _____ 74,154. of contributions reported on line 1c). See Part IV, line 18 вы **421**,872 b Less: direct expenses c Net income or (loss) from fundraising events 521,699. 521,699. 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 74,585 and allowances b Less: cost of goods sold тон 18.435 56,150. c Net income or (loss) from sales of inventory 56,150 **Business Code** scellaneous 11 a OTHER REVENUE 900099 17,868. 17,868. d All other revenue e Total. Add lines 11a-11d 17,868. 0. 788,856. Total revenue, See instructions ,877,199.2,396,183

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			mplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			1000年100	
	and domestic governments. See Part IV, line 21		200.00000000000000000000000000000000000		
2	Grants and other assistance to domestic			Jakija – st	
	individuals. See Part IV, line 22	timise i ikisati kisasa gaarasa ah	egyettytti oli ya etyestäjänten oli ya eti kartininyi telegan ya eti kartinin oli ya et		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	ar a tour I state to get a new a grant proportion of the company o			
4	Benefits paid to or for members			edepharmely in a needless	
5	Compensation of current officers, directors,	447,098.	402 CCE	10 701	24 (52
	trustees, and key employees	447,030.	403,665.	18,781.	24,652.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,824,115.	3,452,618.	160,641.	210,856.
8	Pension plan accruals and contributions (include	2,021,113.	3,404,010	100,041.	210,000
Ų	section 401(k) and 403(b) employer contributions)	132,888.	130,701.	946.	1,241.
9	Other employee benefits	477,412.	431,033.	20,055.	26,324.
10	Payroli taxes	369,927.	333,990.	15,540.	20,397.
11	Fees for services (nonemployees):	Note: 100, 150, 150, 100, 100, 100, 100, 100,			omnessam op i i seed i ii i i i i i i i i i i i i i i i i
	Management				
	Legal		amenta provincia del como es es aporto del como provincia del proporto del como del como del como del como del		
	Accounting	32,147.	28,108.	559.	3,480.
d		a departure of the Common with a fitted ordinary against the egyptic than a security country of the egyptic than	transcription of military structures in the angle of the		
е		389,439.	-1		389,439.
f	Investment management fees	46,197.	2 * * * * * * * * * * * * * * * * * * *	46,197.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	432,666.	303,553.	4,166.	124,947.
12	Advertising and promotion	217,450.	193,621.	1,572.	22,257.
13	Office expenses	958,342.	915,808.	20,677.	21,857.
14	Information technology	126,383.	81,783.	5,365.	39,235.
15	Royalties				<u></u>
16	Occupancy	343,744.	315,954.	14,858.	12,932.
17	Travel	38,877.	37,245.	452.	1,180.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		- San Market II a san Front and the san		
19	Conferences, conventions, and meetings	FF 000	es and this this company of some property of the source of the control of the con	EE 000	and grant of the control of and delivery special grant of the good control and
20	Interest	55,882.		55,882.	
21	Payments to affiliates	386,260.	364,842.	10,709.	10,709.
22	Depreciation, depletion, and amortization	68,376.	304,842. 61,718.	4,033.	2,625.
23	Insurance Other expanses literative expanses not severed	00,3/0.	01,/10.	#,000.	4,043.
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
_	DEDICATED C MATAIMENTATOR	102,086.	96,866.	2,610.	2,610.
a b	TITATION TOTALO DIVERZACIO	48,265.	20,000.	2,010.	48,265.
C	MATE AND TRAINTONA	16,249.	15,020.	668.	561.
d	Service and any service and a				
	All other expenses	57,669.	47,291.	8,549.	1,829.
25	Total functional expenses. Add lines 1 through 24e	8,571,472.	7,213,816.	392,260.	965,396.
26	Joint costs. Complete this line only if the organization	erentekterin erentekte interesteren er i er uten i beritariak erentekte italiak eren eta eta eta eta eta eta e	and the second s		the Assessment and Assessment Towns of the Assessment
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X			1
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,547,543.	1	777,075.
	2	Savings and temporary cash investments	330,372.	2	62,262.
	3	Pledges and grants receivable, net	199,176.	3	142,160.
	4	Accounts receivable, net		4	142,960.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			and the same of th
	er andread.	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net	5,348,000.	7	5,348,000.
Assets	8	Inventories for sale or use	267,973.	8	204,913.
ď	9	Prepaid expenses and deferred charges	170 007	9	59,279.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 8,361,257			
	b	Less: accumulated depreciation 10b 4,256,230			4,105,027.
	11	Investments - publicly traded securities	6,999,372.		8,449,282.
	12	Investments - other securities. See Part IV, line 11		12	3,723,014.
	13	Investments - program-related. See Part IV, line 11	-	13	
	14	Intangible assets		_14_	7 (10) (10) (10) (10) (10) (10) (10) (10)
	15	Other assets. See Part IV, line 11	113,354.	15	132,253.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	23,146,225.
	17	Accounts payable and accrued expenses	1,212,616.	17	654,114.
	18	Grants payable		_18_	- Anna Anna Anna Anna Anna Anna Anna Ann
	19	Deferred revenue		19	Commission
	20	Tax-exempt bond liabilities	Secretaria de la companya del companya de la companya del companya de la companya	_20_	Marie and Address to the group of the contract
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	- Approximate the control of the con	21	
es	22	Loans and other payables to any current or former officer, director,			4
III	Popul Maria	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	******	controlled entity or family member of any of these persons		_22_	
_	23	Secured mortgages and notes payable to unrelated third parties	429,343.	23	568,882.
	24	Unsecured notes and loans payable to unrelated third parties	. Province	24	An experience where the following is the second section of the contraction followers.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			_,,
	The state of the s	of Schedule D	33,929.	25	34,064.
	_26	Total liabilities. Add lines 17 through 25	1,675,888.	26	1,257,060.
v		Organizations that follow FASB ASC 958, check here			
JCe.		and complete lines 27, 28, 32, and 33.	16 001 000		10 001 000
alaı	27	Net assets without donor restrictions	Opportunities and the second s	27	16,624,066.
B	28	Net assets with donor restrictions	4,638,502.	28	5,265,099.
Š	of common of the control of the cont	Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	0.5	and complete lines 29 through 33.			
ts.	29	Capital stock or trust principal, or current funds		29	×
SSE	30	Paid in or capital surplus, or land, building, or equipment fund	•	30	The section of the se
χţ	31	Retained earnings, endowment, accumulated income, or other funds	Name and the state of the state	31	<u>ግግ በበበ ላ</u> ርድ
ž	32	Total net assets or fund balances	20,859,895.	32	21,889,165.
	33	Total liabilities and net assets/fund balances	22,535,783.	33	23,146,225.

Form	1990 (2019) HUMANE ANIMAL RESCUE	25-05	325750	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				90
	Check if Schedule O contains a response or note to any line in this Part XI				X
					and the same
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,87	7,1	99.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,573		
3	Revenue less expenses. Subtract line 2 from line 1	3	-694		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,859		
5	Net unrealized gains (losses) on investments	5	1,210		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	and grown regions are made	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9	51:	3,0	14.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Seegge	column (B))	10	21,889	9,1	65.
Pa	t XII Financial Statements and Reporting	erandone (Omoby)			and constroin
	Check if Schedule O contains a response or note to any line in this Part XII		**********		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	*************	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	******	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HUMANE ANIMAL RESCUE

Employer identification number 25-0325750

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (W) is the olyanization listed In your governing document? (III) Type of organization (i) Name of supported (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

(Form 990 or 990 EZ) 2019 HUMANE ANIMAL RESCUE 25-0325750 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Çale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not						Company of the Compan		
	include any "unusual grants.")	4196516.	5247303.	4736438.	4505263.	4692160.	<u> 23377680.</u>		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to					on and the second			
	or expended on its behalf					The state of the s	te v une une in the interest of the interest o		
3	The value of services or facilities	C Annual Co							
	furnished by a governmental unit to					Add about			
	the organization without charge								
4	Total. Add lines 1 through 3	4196516.	5247303.	4736438.	4505263.	4692160.	23377680.		
5	The portion of total contributions		States on the	**		and demands			
	by each person (other than a								
	governmental unit or publicly					The second secon			
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,						000 484		
_	column (f)						800,171.		
<u>6</u>	Public support. Subtract line 5 from line 4.			11.1		<u> </u>	22577509.		
10000	A CONTRACTOR OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR ADDRESS OF THE CONTRACT	1 1 2004 =	41.0040			1			
	ndar year (or fiscal year beginning in)	(a) 2015 4196516.	(b) 2016 5247303.	(c) 2017 4736438.	(d) 2018 4505263.	(e) 2019	(f) Total 23377680.		
	***************************************	#T202TO.	3447303.	4/30430.	4303403.	4092100.	<u> </u>		
8	Gross income from interest,								
	dividends, payments received on					A CONTRACTOR OF THE CONTRACTOR			
	securities loans, rents, royalties,	224 662	165 075	212 050	150 110	100 100	960,822.		
	and income from similar sources	424,004	103,3/3.	414,930.	T20'TTA"	199,108.	960,844.		
9	Net income from unrelated business								
	activities, whether or not the				See a se				
40	business is regularly carried on Other income. Do not include gain	givernment as distributed and design and a design a resonance debate.	A. TORON MONTH (MAY 19 A. V.) DO TO TO THE STATE OF THE S	Companies the factor, who come understant independent of the factor.		tara a menina nagan kacapa kacapatan dakan dakan dakan daka	The same reason was a way and the same reason.		
IV	or loss from the sale of capital						a de la companya de l		
	assets (Explain in Part VI.)				20,384.	17,868.	38,252.		
11	Total support. Add lines 7 through 10				20,304.	17,000.	24376754.		
12	Gross receipts from related activities,	etc (see instruction	nne)		<u> </u>	12 10	,604,483.		
13	First five years. If the Form 990 is for	-		1 fourth or fifth to		Capital 2000 a against research show a single con-	,002,203.		
									
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage	***************************************					
	Public support percentage for 2019 (I	## 1.4*** A \$425500 F \$5.6 \$150 \$400 \$120 \$400 \$100	min paga Suma na a Sarata mana a paranan aran da man Marinda da man da a	olumn (f))	parej in the object of the projection of the second	14	92.62 %		
	Public support percentage from 2018					15	86.42 %		
	33 1/3% support test - 2019. If the o					ore, check this bo	and the state the design of the state of the		
	stop here. The organization qualifies	=					► 		
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on li						
	and stop here. The organization qual						. —		
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	l7a, and line 15 is	10% or		
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	<u></u> _		
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶□		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s		
					Sche	edule A (Form 990	or 990-EZ) 2019		

Schedule A (Form 990 or 990-EZ) 2019 HUMANE ANIMAL RESCUE [Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	below, please con	ipiete Part II.)				
Cale	ndar year (or fiscal year beginning in) ⊳	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(a) 2010	1 20 T
	Gifts, grants, contributions, and	And the second s			10/2010	(e) 2019	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")		- Control	Power and Post			
2	Gross receipts from admissions,		A CONTRACTOR OF THE PROPERTY O	Annesponsite on the secondarian	A		
	merchandise sold or services per-						
	formed, or facilities furnished in	**A	831				
	any activity that is related to the organization's tax-exempt purpose	A-0	(vi) liberari				
3	Gross receipts from activities that	A CONTRACTOR OF THE PARTY OF TH	and the state of t)			
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	The second secon					
•	ization's benefit and either paid to						
	or expended on its behalf						
_	***************************************	e a compact of the party of the contraversal of the second	The second of the second state of the second				Strong vising one one of the
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						the Annual Color of State Commence of the
	3 received from disqualified persons	Constantial Designations of the Color of the Color					
b	Amounts included on ilnes 2 and 3 received from other than disqualified persons that						A 23-A CONTROL OF THE STATE OF
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						****
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						****
	ıdar year (or fiscal year beginning in) D	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6				(2,000,000,000,000,000,000,000,000,000,0		
)				
10a	Gross income from interest.			And the state of t			And a second second second second
10a	Gross income from interest, dividends, payments received on						makan katangga katan
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties						
	Gross income from interest, dividends, payments received on						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income						
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
b c 11	Gross income from interest, dividends, payments received on securitles loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						
b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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b c 111 12 13 14 Sec 16 17 18 19 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) First five years. If the Form 990 is for check this box and stop here Lion C. Computation of Public Public support percentage from 2018 tion D. Computation of Investinvestment income percentage from 2019 vestment income percentage from 2019.	Support Per ne 8, column (f), d Schedule A, Part tment Income 19 (line 10c, colum 018 Schedule A, organization did n	centage ivided by line 13, could be line 15 Percentage nn (f), divided by line Part III, line 17 ot check the box o	e 13, column (f))	15 is more than 33	15 16 17 18 1/3%, and line 17	% % %
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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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9a 9b 9c		Account to the Control of the Contro
9a 9b 9c 10a		Arrest as a Artiful constitution

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			Control Control
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ne see
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	_11b_		
Sec	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. tion B. Type I Supporting Organizations	11c	ļ	
000	tion b. Type roupporting organizations	white,		7
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yeş	<u>No</u>
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	a contract of the contract of		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		1, 22	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	See .		İ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Section 1		
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	of the same of the		
0	the supported organization(s)	11		
Sec	tion D. All Type III Supporting Organizations	ay kanazarin yang da kitayaya a ay a	<u> </u>	g
	Diddle and the last transfer of the section of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	San		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	4		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
, .	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	w		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ıs).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions,		a a a a a a a a a a a a a a a a a a a
2	Activities Test. Answer (a) and (b) below.		Yes	<u>No</u>
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	SC COMPA		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	anna anna		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a	11	
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

25352-21

Check here if the organization satisfied the Integral Part Test as a qualifyi other Type III non-functionally integrated supporting organizations must c	ng trust on N complete Sec	ov. 20, 1970 (explain in P tions A through F	'art VI). See instructio
tion A - Adjusted Net Income	omplete dec	(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1 1		(optional)
Recoveries of prior-year distributions	2	<u> </u>	
Other gross income (see instructions)	3		<u> </u>
Add lines 1 through 3.	4		\$0000 A.
Depreciation and depletion	5	<u>, esta tentral esta en el como de la como d</u>	S
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7	The second section of the second seco	<u> </u>
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	The state of the s	Control of the Contro
tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	e a constante de la constante d		(commence of the same particles and the same
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		<u> </u>
Average monthly cash balances	1b	12.13.132.133.134.134.134.134.134.134.134.134.134	A
Fair market value of other non-exempt-use assets	1c		\$
Total (add lines 1a, 1b, and 1c)	1d	institution of the six of the second of the	And the same process, to the test to describe the same
Discount claimed for blockage or other			\$1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2	and the second s	
Subtract line 2 from line 1d.	3	er werene de en	Specifical control of the second seco
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			Commence of the second
see instructions).			
Net value of non-exempt-use assets (subtract line 4 from line 3)	5	**************************************	Maria Maria Managara da Maria Maria Maria da Maria
Multiply line 5 by ,035.	6	en allega er en	
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8	an array de la statute da array de la constanta en array de la constanta de la constanta de la constanta de la	(and the state of
tion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1 1		
Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3.	4		C #400-10-10-10-10-10-10-10-10-10-10-10-10-1
Income tax imposed in prior year	5	. judine state filographic in the	
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

	n-Functionally Integrated 509	(a)(a) Supporting Orga	inizations (continued)		
Section D - Distributions	I I	The state of the s	and a second	Current Year	
	ported organizations to accomplish exe	agent gang ang at the contract of the contract	904 (200) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	orm activity that directly furthers exemp	of purposes of supported			
**************************************	organizations, in excess of income from activity				
4 Amounts paid to acqu	and the second s		A who was a sure of the sure o	<u> </u>	
	ounts (prior IRS approval required)	angan taun apagamagan sa mpangalang sa taun ang sa pamanah ang sa			
	escribe in Part VI). See instructions.	Management and Control of the Contro	<u> Santa da la casa da </u>		
	tions, Add lines 1 through 6.				
8 Distributions to attent	ive supported organizations to which t	ne organization is responsive			
	t VI). See instructions.	gangospose, managas san amagangan and a san ang ang ang ang	The state of the s		
9 Distributable amount to a contract the second of the contract of the cont	for 2019 from Section C, line 6		~		
0 Line 8 amount divided	l by line 9 amount				
Section E - Distribution All	ocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1 Distributable amount t	for 2019 from Section C. line 6	Kalendaria (K. 1986)	sala ya akteertika	Anna (100 - 100 -	
2 Underdistributions, if a	any, for years prior to 2019 (reason-				
	xplain in Part VI). See instructions.				
3 Excess distributions c	arryover, if any, to 2019				
a From 2014		green rystrikar foa taar triffe	Barrange ig Halasan er ett er ett	Barright Land	
b From 2015				Şah-ju	
c From 2016	and the second s				
d From 2017		A	ann eile ein emperatig		
e From 2018		During the constant of the party of the	Transportation of the second		
f Total of lines 3a throu	rah e		ar and the second of the secon		
a Applied to underdistril					
h Applied to 2019 distrib			gjallita er getagrengeg Meg terug.	Control of the contro	
	not applied (see instructions)	Contract to the second			
	ines 3g, 3h, and 3i from 3f.	ig announcing day were more any great and a second by more a second and an announce of	Manager and exercising even	to the second particle special special second second second second	
4 Distributions for 2019			A STATE OF THE STA		
line 7:	rom Section D,				
te e <u>t la company de la compan</u>					
a Applied to underdistril			Service of the control of the contro		
b Applied to 2019 distrit	The state of the s			Marines and the second of the second	
c Remainder, Subtract I		\$	ang masi Lydgen salah	. 	
-	butions for years prior to 2019, if				
	and 4a from line 2. For result greater				
A CONTRACT C	art VI, See instructions.		and the second of the second o		
~	butions for 2019. Subtract lines 3h		Minimus and Militerature		
	r result greater than zero, explain in				
Part VI. See instructio					
7 Excess distributions and 4c.	carryover to 2020. Add lines 3j				
Breakdown of line 7:	The second secon				
a Excess from 2015			<u> </u>		
b Excess from 2016					
1-40-10-10-10-10-10-10-10-10-10-10-10-10-10					
c Excess from 2017 d Excess from 2018		Markey Company (1997)			
Control of the Contro					
e Excess from 2019		II	production of the state of the	1	

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization **Employer identification number** HUMANE ANIMAL RESCUE 25-0325750 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🔟 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______ 🕨 💲 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

HUMANE ANIMAL RESCUE

25-0325750

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>262,133.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$252,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$235,377.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>200,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>114,702</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number** HUMANE ANIMAL RESCUE

Part I	Contributors (see instructions) Head will be to the contributor (see instructions) Head		5-0325750
(a) No.	Contributors (see instructions). Use duplicate copies of Part I if addition (b) Name, address, and ZIP + 4	tional space is needed. (c) Total contributions	(d) Type of contribution
7		\$ <u>100,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Poncash Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Ą		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions,)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

HUMANE ANIMAL RESCUE

25-0325750

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional cases in a sub-t-	25-0325750
(a)	and the second s	additional space is needed.	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Management of the state of the
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part !	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	MODALINE METAL SERVICE
923453 11-06-1	9	Schedule B (For	m 990, 990-EZ, or 990-PF) (2019)

Name of or	ganization		Employer identification number		
HUMANE	E ANIMAL RESCUE		25-0325750		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less for	01(c)(7), (8), or (10) that total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
•	Transferee's name, address, a	nd ZIP + 4 F	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
			Marie Manager (1997)		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, at	1921P + 4	telationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
and the second second second					
Stander Addition of the standard	Transferee's name, address, ar	(e) Transfer of gift and $ZIP + 4$	telationship of transferor to transferee		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

HUMANE ANIMAL RESCUE

Employer identification number 25-0325750

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	•			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)	A NAME AND A STATE OF THE PARTY OF THE ANALYSIS AND A STATE OF THE ANALYSIS AND A STAT				
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose c	onferring			
	impermissible private benefit?	The state of the s	Yes No			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·				
	Preservation of land for public use (for example, recreated)	tion or education) Preservation of	a historically important land area			
	Protection of natural habitat	Preservation of	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a_			
Ь						
C	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a	· · · · · · · · · · · · · · · · · · ·	e			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization during the tax			
	year >					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per	_ · · · · · · · -				
	violations, and enforcement of the conservation easements it	***************************************				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year			
_						
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year			
_	\$					
8	Does each conservation easement reported on line 2(d) above	•				
_						
9	In Part XIII, describe how the organization reports conservation	•				
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemer	nts that describes the			
Dai	organization's accounting for conservation easements. III Organizations Maintaining Collections of	Art Historical Tractures or Oth	or Similar Assets			
	Complete if the organization answered "Yes" on Form	· · · · · · · · · · · · · · · · · · ·	ei Sillilai Assets.			
10	Secretarial Statement of the secretarial and the secretarial secre	pitagamini tarang na matamang at a manggap panggang na na panggang na nanggang pinja at a taona a a panggan an Pangganian tarang na nanggang na nanggang panggang na na panggang na nanggang pinja na na na na na na na na na	d halanca abaat warla			
ıa	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finan		•			
L	If the organization elected, as permitted under FASB ASC 95					
D	• •					
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	exhibition, education, or research in fulfille	rance or public service,			
	(i) Revenue included on Form 990, Part VIII, line 1		*			
			L			
2	If the organization received or held works of art, historical trea	asures or other similar assets for financial				
_	the following amounts required to be reported under FASB A		gain, provide			
а	Revenue included on Form 990, Part VIII, line 1	-	> \$			
	Assets included in Form 990, Part X					
		 				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		298,235.	Bridge	298,235.
b Buildings		5,237,685.	2,124,267.	3,113,418.
c Leasehold improvements				Visited 1. July 1. Vis. 101.63 on J. 101.11 (1.10 on 1.10 on 1
d Equipment		2,825,337.	2,131,963.	693,374.
e Other				Annual Control of the
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part X. colum	nn (B), line 10c,)	>	4,105,027.

		-	
Part VIII	Investments -	Other Se	ecurities

Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
1) Financial derivatives			
2) Closely held equity interests	e Martinese kan seminan menjadi Melaksi keranci papa dan melaksi ana ana dalam keranci keranci keranci keranci		The second secon
3) Other	AND IN AND DESIGNATED AND A SECURITY STREET, S		The constant of the contract o
(A) INTEREST IN CHARITABLE	gagakankhamiyya ili masamenda, indahayang ali ili ili asambir ili ili		
(B) TRUST	3,723,014.	COST	The state of the s
(C)			Manager 1, 102 ming 2 from 14.1 to 12.2 to 12.
(D)			(A. 1991)
(E)	**************************************	the control of the second seco	An analysis and a construction of the second
(F)	and the set of the first section of the section of		and Assert and Assert as a constraint of the second and a second as a second a
(G)	er georgiagneg i demokra samman og kjerne eg eg er er eg er en der i Norde de symment eg etter er ef er e		
(H)	***************************************		and the second of the second s
	ን ማኅን ሲፋል		rain, and a second of the second
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	3,723,014.		

Complete if the organization answered "Yes" or		11c. See Form 990, Part X, line 13.	Statement of the statem
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
_(1)	to yanna yan ayna anna ting tiddi ili tidda bilgid dii tiddi ay algida i tigabagay yagaa a kaasaa ay		Market growth and the state of
(2)			annessay and a second s
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(9)			e A. No. (1985) (AND OLDER OF CO. of Co. of the Co. of Co.
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	I1d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)	a transfer and the second of the second of the second seco		
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(5)	ES STANDER MANTENES DE LE SERVICIO NEL SERVICIO DE LA COMPANSA DE LA COMPANSA DE LE SERVICIO DE LA SERVICIO DE	200	Sunstanting of the 1970 of the
(6)	ang kanangang diginak pada pada kanangan piman pada paga pama kananga banas ang kanangan banas banang banas ba		and the state of t
(7)			
(8)	28.87.2.2666. A September (Sept. of 2.25). A Sept. Sep	sware of dear damage and the whole heavy a management of the first of the first of the same of the same and the same of the sa	reference on the State Services of the construction of the State Services of the State S
(9)	gi khimi bay ggamagayandiyan nggga ru sabban a gambiya (* sara a gambiya (* sara a gambiya sama)).		Conjugated in Education States and Conference Conferences
otal. (Column (b) must equal Form 990. Part X. col. (B) line in Part X. col. (B) line in Part X. col. (B) line in Part X.	(5.)	>	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	etapparatus de sussianana sussiana sussiana sussiana sussiana sussiana sussiana sussiana sussiana sussiana sus		(b) Book value
(1) Federal income taxes			
(2) DEPOSITS			32,673.
(3) PREPAID FUNDRAISER			300.
(4) UNCLAIMED PROPERTY	And Not displaying the properties of a separation of the rando part of period in Applications and a service	Teach in Francisco (Appella in Sensition Sensition in Sensition in Sensition 1977). Sensition in the Committee of Francisco in Association in Sensition in Sensit	1,091.
(5)	ranna produkt koja koj koji mojo tak komprojekt aranga produktiva i koja por 10 km/a koji koji koji koji koji		
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(9)	Norman variante was productive reserved a first frame described in Assessment Commence of Assessment		
(3)			
[otal, (Column (b) must equal Form 990 Part X col. (B) line 2		>	34,064.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	1490
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1	1 0 020 E00
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		9,939,580
а			
b			
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,650,836.
3	Subtract line 2e from line 1	3	8,288,744.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	12	0,400,144.
а	Investment expenses not included on Form 990, Part VIII, line 7b 46, 197.		
b	Other (Describe in Part XIII.) 4b -457,742.	P4 P	
C	Add lines 4a and 4b	4c	-411,545.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		7 877 100
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	leturi	<u>,,,,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,
i annoque	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	9,342,574.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	873,181.
3	Subtract line 2e from line 1	3	8,469,393.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 46, 197.	an and an	
b	Other (Describe in Part XIII.) 4b 55,882.		
C	Add lines 4a and 4b	4c	102,079.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,571,472.
# Pai	t XIII Supplemental Information.	- 1	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

HAR HAS INTERPRETED PENNSYLVANIA LAW AS REQUIRING PRESERVATION OF THE FAIR

VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED

ENDOWMENT FUNDS UNLESS THERE ARE EXPLICIT DONOR STIPULATIONS TO THE

CONTRARY. BASED ON THIS INTERPRETATION, HAR CLASSIFIES AS NET ASSETS WITH

DONOR RESTRICTIONS THE ORIGINAL VALUE OF THE GIFT, THE ORIGINAL VALUE OF

ANY SUBSEQUENT GIFTS TO THE ENDOWMENT, AND ACCUMULATIONS MADE IN

ACCORDANCE WITH THE DIRECTION OF THE DONOR GIFT INSTRUMENT. THE REMAINING

PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUNDS IS CLASSIFIED AS NET

ASSETS WITHOUT DONOR RESTRICTIONS OR NET ASSETS WITH DONOR RESTRICTIONS AS

REQUIRED BY THE DONOR. A FUND IS CONSIDERED TO BE UNDERWATER IF THE FAIR

VALUE OF THE FUND IS LESS THAN THE SUM OF (A) THE ORIGINAL VALUE OF

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

421,872.

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	▶ Go	to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization	n				***************************************		oyer ide	ntification number
		ANIMAL RESCUE				25-	0325	750
Part I Fundrais	sing Activities. complete this par	Complete if the organization answer	ered "Y	'es" oı	Form 990, Part IV,	ine 17. Forn	1 990-EZ	filers are not
The second secon	and the first territory of the parties of the parti	sed funds through any of the followir	na activ	ities (Check all that apply			the second section of the sect
a X Mail solicitat					overnment grants			
	email solicitations				nment grants			
c Phone solici	itations	g 🔲 Specia		_	-			
d In-person so								
		or oral agreement with any individual						
		art VII) or entity in connection with p viduals or entities (fundraisers) pursu					X Yes	
compensated at le			iant to	agreei	ments under which ti	ne tunaraise	r is to be	•
			W.		Andrews 1931	(1		and recommendation of the second second
(i) Name and addres	s of individual	1211 Ametrick	(iii) funct have c	Dld alser	(iv) Gross receipts	(v) Amour to (or retain	it paid ned bv)	(vi) Amount paid
or entity (fund	draiser)	(ii) Activity	or cor	ustody trol of utions?	from activity	`fundrai listed in d	ser	to (or retained by) organization
ONE & ALL - 3500 L	RNOX ROAD		Yes	gran assertion		lioted in t	oi. (i)	
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Total			444444	>	1,193,209.		9,439.	803,770.
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt	from reg	gistration
or licensing. PA		annya. Sanganian menunente timototo i sepanjanan iai tara denganimatanda iaden 2000 awa 1971 to mesis sina s	r este est est energy	******		and the same of any order of the		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2019

	of fundraising event contributions and gro				ts greater than \$5,000.
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WAGS,		_	(add col. (a) through
		WHISKERS AND	Vi,	6	col. (c))
9		(event type)	(event type)	(total number)	
enije 1	Gross receipts	691,038.	52,757.	273,930.	1,017,725.
2	Less: Contributions	74,154.	***************************************		74,154.
3	Gross income (line 1 minus line 2)	616,884.	52,757.	273,930.	943,571.
4	Cash prizes				
5	Noncash prizes	3,897.	4,194.	4,596.	12,687.
7	Rent/facility costs	110,221.	28,309.	29,354.	167,884.
7	Food and beverages	110,399.		37,627.	148,026.
8	Entertainment			15,075.	V. C
9	Other direct expenses	26,185.	4,975.	43,365.	A
10					421,872.
11 art			000 Port IV line 10 or		521,699
A1 6 1	\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	950, Fait IV, line 19, of 1	eported more trian	
		/.\ D:	(b) Pull tabs/instant	() ()	(d) Total gaming (add
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
1	Gross revenue				
2	Cash prizes			and the second s	
3	Noncash prizes			The state of the s	
1	Rent/facility costs			· · · · · · · · · · · · · · · · · · ·	
5	Other direct expenses				
6	Volunteer labor	Yes%	Yes%	Yes %	
7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
 .	A				
	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	The state of the s	etatos?	The second secon	Yes No
	No," explain:				
man man	ere any of the organization's gaming licenses re	woked suspended or te	rminated during the tax v	(ear?	Yes No
	Yes," explain:	•		7	
			W 2000 CONTROL OF THE STOCKES AND	and the state of t	
	9-11-19				rm 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 HUMANE ANIMAL RESCUE	25-0325750 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	formed
to administer charitable gaming?	Yes No
is indicate the percentage of gaming activity conducted in:	
a The organization's facility	<u>13a</u> %
b All outside facility	13h 0/2
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records:
Name >	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	enue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ an	, al alla a
of gaming revenue retained by the third party >\$	id the amount
c If "Yes," enter name and address of the third party:	
, ·	
Name >	
Address	
16 Gaming manager information:	
Name	
	e a compression and a compression of the second of the sec
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b cine the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the
organization's own exempt activities during the tax year \$\) Part IV Supplemental Information. Provide the explanations required by Part I line 2b, call year 6.	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (i 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ii) and (v); and Part III, lines 9, 9b, 10b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FU	NDRAISERS:
(I) NAME OF FUNDRAISER: ONE & ALL	
VI WHILL OF TOMBIANDER. ONE & ADD	
(I) ADDRESS OF FUNDRAISER: 3500 LENOX ROAD NE, STE 1900,	ATLANTA, GA 30326

Schedule G (Form 990 or 990-EZ) HUMANE ANTMAL RESCUE Part IV Supplemental Information (continued)	25-0325750 Page 4
Part IV Supplemental Information (continued)	
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Schedule G (Form 990 or 990-EZ)

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

HUMANE ANIMAL RESCUE **Questions Regarding Compensation**

Employer identification number 25-0325750

	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use			
F [[First-class or charter travel Housing allowance or residence for personal use			۹ .
				4
	T15			
Ļ	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
L	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	f any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
re	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	16		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		11111	
tı	rustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
			·参数	
3 Ir	ndicate which, if any, of the following the organization used to establish the compensation of the organization's			
C	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
е	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			1
4 D	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	1 1 1		
o	organization or a related organization:		100	
aF	Receive a severance payment or change-of-control payment?	4a	Х	<u></u>
b F	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
lf	f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
C	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
С	contingent on the revenues of:			
аΤ	The organization?	5a		Х
b A	Any related organization?	5b		X
	f "Yes" on line 5a or 5b, describe in Part III.		4.444	
6 F	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
С	contingent on the net earnings of:			
аТ	The organization?	6a		Х
ьΑ	Any related organization?	6b		X
lf	f "Yes" on line 6a or 6b, describe in Part III.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	х	
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			- Columnia
	nitial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
	f "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		41,445	
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

HUMANE ANIMAL RESCUE

Schedule J (Form 990) 2019

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(J)·(B)	in column (B) reported as deferred on prior Form 990
The state of the s	8	146,476.	20,000.		30,880.	5,981.	203,337.	20,000.
EXECUTIVE DIRECTOR (2) DONNNA HUGHES VETERINARIAN		0. 96.466.	.0 7.850.	0	4.190	0. 5.703.	114.209.	0.0
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Schedule J (Form 990) 2019

Part III Supplemental Information

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PART I, LINE 3:
THE EXECUTIVE COMMITTEE ENGAGED TAMARA BROWNFIELD TO ESTABLISH THE
COMPENSATION OF THE CEO AND CAO. MS. BROWNFIELD CONSULTS COMPENSATION
SURVEYS AND STUDIES TO TO AID IN THE DETERMINATION OF COMPENSATION.
PART I, LINE 7:
DAN ROSSI - \$20,000
MEGAN MARRANGONI – \$5,000
MEGAN MONTMENY - \$5,000
DONNA HUGHES - \$7,850

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

25-0325750

HUMANE ANIMAL RESCUE

Part I Types of Property (b) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g items contributed Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded X 10 43,902. FMV 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests _____ Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other ... 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles _____ 18 Food inventory 19 Drugs and medical supplies _____ 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other 27 Other Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

describe in Part II.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Open to Public Go to www.irs.gov/Form990 for the latest information. inspection

Name of the organization

Employer identification number

OMB No. 1545-0047

HUMANE ANIMAL RESCUE 25-0325750 FORM 990. LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PART III. OVERPOPULATION AND NEGATIVE RELATIONSHIPS WITH NATIVE WILDLIFE: REINFORCE A STANDARD OF LIVING FOR ANIMALS AND PREVENT CRUELTY; AND PROVIDE ASSISTANCE AND MEDICAL CARE TO INJURED ORPHANED, OR ILL NATIVE PENNSYLVANIA WILDLIFE WITH A GOAL OF RETURNING THEM TO THEIR NATURAL HABITAT. FORM 990, PART VI SECTION A LINE THE EXECUTIVE/ FINANCE COMMITTEE SHALL, BETWEEN MEETINGS OF THE BOARD AND WHILE THE BOARD IS NOT IN SESSION HAVE ALL THE POWER AND EXERCISE ALL THE DUTIES OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE URGENT BUSINESS OF THE LEAGUE OR OF OTHER BUSINESS OF THE LEAGUE AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS. EXECUTIVE/FINANCE COMMITTEE MEETINGS MAY BE

(3) MEMBER'S CONSTITUTING A QUORUM, PARTICIPATION WHEREIN MAY BE BY CONFERENCE TELEPHONE CALL. NOTICE OF SUCH MEETINGS MAY BE WAIVED BY THE

OR ANY TWO (2) OTHER MEMBERS OF SUCH COMMITTEE

MEMBERS OF SUCH COMMITTEE

CALLED BY THE PRESIDENT,

SECTION B, FORM 990, PART VI LINE 11B:

THE FORM 990 IS PREPARED AND REVIEWED BY THE PUBLIC ACCOUNTING FIRM AS WELL AS REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR AND AUDIT COMMITTEE

THE FINAL FORM 990 IS THEN PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

NAMES OF BOARD MEMBERS AND THEIR PROFESSIONAL PROFILES ARE MAINTAINED AT

THE NORTH SIDE OFFICE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION WILL MAKE THE FORM 990, FORM 990-T, AND CONFLICT OF INTEREST POLICY AVAILABLE FOR PUBLIC INSPECTION BY PUTTING THESE DOCUMENTS ON THEIR WEBSITE. THESE DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN UNRECOGNIZED PENSION COSTS

-610.

DECREASE IN INTEREST IN CHARITABLE TRUSTS

513,624.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization HUMANE ANIMAL RESCUE	Employer identification number 25-0325750
TOTAL TO FORM 990, PART XI, LINE 9	513,014.
TORM OOO DARW WITH A TIME OF	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN	INDEPENDENT
ACCOUNTING FIRM. IN ADDITION, THE BOARD OF HUMANE ANIMAL R	ESCUE ASSUMES
THE RESPONSIBILITY FOR OVERSIGHT OF ITS FINANCIAL STATEMEN	ITS AND ITS
SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HAS	NOT CHANGED
FROM PRIOR YEAR.	
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	and the second s
	SANTA J SANTA MARKATA MARKATANIA SANTA

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2019

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Part

Employer identification number 25-0325750 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. HUMANE ANIMAL RESCUE Name of the organization Department of the Treasury Internal Revenue Service

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. Complete if organizations during the tax year.	ons. Complete if the organization ans	f the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	IV, line 34, because	it had one or more re	elated tax-exempt

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(a)	(q)	(c)	(P)	(a)	W	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?
				501(c)(3))		Voc I Ma
, - 47-5663896	FO SUPPORT, BENEFIT,		the state of the s	en felt sking mage i skulmare in northwest and about a public soft manner.	and the second of the second s	
6926 HAMILTON AVENUE	PERFORM THE FUNCTIONS OF &					
PITTSBURGH, PA 15208	CARRY OUT THE PURPOSE OF	PENNSYLVANIA	501(C)(3)	LINE 12A I		>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

HUMANE ANIMAL RESCUE

Page 2

25-0325750

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2019 PartIII

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(h) (l) Disproportionate Code V-UBI amalocations? 20 of Schedule RV-VS No. K-1 (Form 1065) Wes No. K-	(j) Seneral or managing partner?	General or Percentage managing ownership outner?
							The state of the s			
										Confirmation in the Confir
										The company of the control of the co

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

organizations action as a corporation of their day year.	and are tak year.								
(a)	(q)	(0)	(p)	(e)	(j)	9	(F)		Visitaria cum
Name, address, and EIN of related organization	Primary activity	5 - C	Direct controlling (Centity	Type of entity corp, S corp or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?	(5) CQ
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CHARITABLE TRUSTS (10)	TRUST	PA		PRUST	513,015.	3,723,015.	100%		×
ARL INVESTOR INC ~ 47-5672538	Agricultura de controllemente de la controllemente		and a state of the programment of the state	A contract of the contract of	The second section of the		e de la commentación de esta esta de destreta estado	mari fat fatelame.	- Control of the Cont
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Schedule R (Form 990) 2019

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				The second secon	ON Se
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	d in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	₹:			7.	×
 b Gift, grant, or capital contribution to related organization(s) 				÷	×
<u>(6</u>					\$
d Loans or loan guarantees to or for related organization(s)					4 Þ
A Loans or loan distantage by related organization(a)				8	₩
				.:. 16	×
f Dividends from related organization(s)				Ť	Þ
a Sale of assets to related organization(s)				The state of the s	
				19	Y
	***************************************			- qr	×
i Exchange of assets with related organization(s)				į.	×
j Lease of facilities, equipment, or other assets to related organization(s)			***************************************		×
		***************************************	***************************************		*
k Lease of facilities, equipment, or other assets from related organization(s)					Þ
Performance of services or membership or fundamina colleitations for				Ž	Δ
Dorformance of conjugate or membership of the halfing solicitations for related organization(s)	inization(s)			=	×
	Inization(s)	***************************************		1m	X
	ion(s)			T.	×
 Sharing of paid employees with related organization(s) 				-10	X
					and an arrangement
p Reimbursement paid to related organization(s) for expenses					>
Reimbursement baid by related organization(s) for expenses		***************************************	***************************************		4
				19	X
r Other transfer of onch or normalists and association (s)					
	***************************************			+	×
S Outer transief of cash or property from related organization(s)	Annand technical tomorphism of plant and indicate a first particles and indicate an	in the state of th		15	×
II LIE ALISWELLO ALIV OLUTE ADOVE IS TES, SEE TO INSTRUCTIONS TO TITOT	no must complete th	mation on who must complete this line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(a) Method of determining amount involved	involved	
(1) THE ARL FOREVER HOME, INC	N	95,952	FMV		
(2)		Į.		and the second s	
(9)		A control of the Cont		outboutte	moderate and a second and a second
(7)					
	A comment of the second contract of the comment of the contract of the contrac		ост спостоя се се се при выполня при выстания выполня выполня выполня выполня выполня выполня выполня выполня в		Personal programme and the second
(5)					
(9)					
932163 09-10-19	47		Schedu	Schedule R (Form 990) 2019	90) 2019

Schedule R (Form 990) 2019 HUMANE ANIMAL RESCUE

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

/			
(b) (i) (i) (b) (i) (i) (i) (i) (ii) (ii			
(g) e of Share of al end-of-year me assets			
(e) (f) Are all Share of diving sec			
cile Predominant income eign (related, unrelated, excluded from tax under sections 512-514)			
(c) Legal domicile (state or foreign country)			
(b) Primary activity			
(a) Name, address, and EIN of entity			

Scredule R (Form 990) 2019 HUMANE ANIMAL RESCUE	<u>25-032</u> 5750	Page 5
Part VII Supplemental Information		·············
Provide additional information for responses to questions on Schedule R. See instructions.		
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
		-27
NAME OF RELATED ORGANIZATION:		
ARL FOREVER HOME INC.		
PRIMARY ACTIVITY: TO SUPPORT, BENEFIT, PERFORM THE FUNCTIONS	OF & CARRY	
OUT THE PURPOSE OF ARL	•	
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